



# APPLICATION FOR NOTARY PUBLIC COMMISSION

Application Fee: 10.00

## Check One

- ☐ New Appointment
- ☐ **Re-Commissioning** - A current or former Notary applying for a new notary commission must complete a new application (If your name has changes since your last application, identify on the line below the exact name you used on that prior application.) \_\_\_\_\_

**NAME:** \_\_\_\_\_  
Last First Middle

**AKA:** \_\_\_\_\_  
(List all other names used within the past five (5) years: alias names, maiden names, previous married names)

**Date of Birth:** \_\_\_\_\_ **Place of Birth:** \_\_\_\_\_  
City State Country

**Social Security No.:** \_\_\_\_\_ **Telephone No.:** \_\_\_\_\_

If applicable: \_\_\_\_\_ If applicable: \_\_\_\_\_  
**Enrollment Number:** \_\_\_\_\_ **Tribe:** \_\_\_\_\_

## **\*PHYSICAL**

**\* ADDRESS:** \_\_\_\_\_  
Number and Street City State Zip County

## **Prior Addresses for the Last 5 years.**

**Address:** \_\_\_\_\_  
Number and Street City State or Province Zip County

**Address:** \_\_\_\_\_  
Number and Street City State or Province Zip County

**Address:** \_\_\_\_\_  
Number and Street City State or Province Zip County

\*Please use additional paper if needed and attach to this application.\*

**If your Physical address listed above is not within the LTBB reservation boundaries you must complete one of the following below:**

- (1) If you own a business within the LTBB Reservation boundaries please list. OR
- (2) If you are an employee of the Little Traverse Bay Bands of Odawa Indians please list. OR
- (3) If your regular place of work is within the LTBB Reservation boundaries please list.

\_\_\_\_\_  
Employer's Or Business Name Telephone NO.

\_\_\_\_\_  
Employers Physical Address Or Business Address Your Position

\_\_\_\_\_  
City State Zip code Length of employment

The Enrollment Office may request other information it deems appropriate.

\*Have you filed for bankruptcy within the past 5 years? \_\_\_\_\_ if so please list the date \_\_\_\_\_

**If any of the following apply to you please describe the incident and the date it occurred.**

1. All issuances, denials, revocations, suspensions, restrictions, and resignations of a notary commission, professional license, in this or any other tribe, state or nation;
2. All criminal convictions including any pleas of admission or contest, in this or any other jurisdiction;
3. All claims pending or disposed against a notary bond you held and all civil findings or admissions of fault or liability regarding your activities as a Notary, in this or any other jurisdiction;

\*Please use additional paper if needed and attach to this application.\*

Description	Date of Action

I, the undersigned, in making this application for a Notary Public Commission, do hereby swear that:

1. I am at least eighteen years old as listed above;
2. I reside or I have a regular place of work or business within the boundaries of the Little Traverse Bay Bands of Odawa Indian's reservation;
3. I am an enrolled LTBB Citizen OR enrolled in another Federally Recognized Tribe OR employed by the LTBB;
4. I have legal residency in the United States;
5. I am able to read and write;
6. I understand that I may be required to submit documentation for a full criminal background check.

I, the undersigned applicant, further state that I submit this application to be appointed a notary public pursuant to Waganakising Odawak Statute 2008-005 LTBB Tribal Law. I also agree to the jurisdiction of LTBB Tribal Courts for all legal matters arising out of statements made on this application and any matters in controversy arising from actions taken as an LTBB notary.

#### **Declaration of Applicant**

A.

A declaration that the applicant is a citizen of the Little Traverse Bay Bands of Odawa Indians or another Federally Recognized Tribe or is an Employee of the Little Traverse Bay Bands of Odawa Indians and documentation of proof;



A declaration that the applicant is a citizen of the United States or proof of the applicant's legal residency in this country;

A declaration that the applicant can read and write;

I, \_\_\_\_\_ (name of applicant), solemnly swear under penalty of perjury that the personal information in this application is true, complete, and correct; that I understand the official duties and responsibilities of a Notary Public of the Little Traverse Bay Bands of Odawa Indians, as explained in the course of instruction I have taken; and that I will perform, to the best of my ability, all notarial acts in accordance with the law. I also agree to the jurisdiction of LTBB Tribal Courts for all legal matters arising out of statements made on this application and any matters in controversy arising from actions taken as an LTBB notary.

\_\_\_\_\_  
(signature of applicant)  
(Notarial Certificate)

### Confidentiality of Application

Information required by this application shall be used by the Enrollment Office staff only for the purpose of performing official duties under the WOS 2008-005 Tribal Notary Public Statute and shall not be disclosed to any person other than a government agent acting in an official capacity and duly authorized to obtain such information, a person authorized by court order, or to the applicant or such individual's duly authorized agent.

### COMMISSIONED NAME:

\_\_\_\_\_  
Clearly print your name, as it will appear on documents you notarize.

### SIGNATURE:

\_\_\_\_\_  
Sign your name, as it will appear on documents you notarize.

### DATE:

To assist in deciding whether the applicant is qualified, the Enrollment Office may request documentation for a full background check of the applicant. If anything in this application is incorrect your application will be declined.

### NOTARY

#### State of Michigan

County of \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_, \_\_\_\_\_  
Month/day/year

\_\_\_\_\_ personally appeared before me, and provided  
Document Signer Name

\_\_\_\_\_ identification which positively identifies the document signer.

\_\_\_\_\_  
Printed Name of Notary

\_\_\_\_\_  
Notary Stamp

\_\_\_\_\_  
Signature of Notary